

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE

STEPHANIE LYNN FORD  
PLAINTIFF,

CIVIL ACTION NO.  
06-301 (KAJ)

FILED  
CLERK U.S. DISTRICT COURT  
DISTRICT OF DELAWARE

2006 NOV 20 AM 11:43

CHRISTIANA CARE HEALTH  
SYSTEMS, RICHARD BURTON, AND  
CLARA CLARK,

DEFENDANTS

CERTIFIED MAIL RETURN RECEIPT  
FOR PLAINTIFFS' REQUEST FOR  
APPOINTMENT OF COUNSEL.

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

KENDRA L. BAISINGER, ESQ  
 MORGAN, LEWIS & BODDIE  
 1701 MARKET STREET  
 PHILADELPHIA, PA. 19103

**COMPLETE THIS SECTION ON DELIVERY****A. Signature****X**
 Agent  
 Addressee
 **B. Received by (Printed Name)**
 **C. Date of Delivery**  
 11/15
 
**D. Is delivery address different from item 1?**  Yes  
 If YES, enter delivery address below:  No
 **3. Service Type**

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

**4. Restricted Delivery? (Extra Fee)** Yes**2. Article Number**  
(Transfer from side)

7005 1820 0002 2820 1866

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Stephanie L. FORD  
 19 ALBANY AVE  
 New Castle, DE 19720  
 Stephanie L. Ford  
 11/26/06

**CERTIFICATE OF SERVICE**

**THE UNDERSIGNED HEREBY CERTIFIES**

**THAT COPIES OF THE FOREGOING**

**WERE CAUSED TO BE SERVED THIS**

**20<sup>TH</sup> DAY OF NOVEMBER 2006, UPON THE**

**FOLLOWING IN THE MANNER INDICATED:**

**U.S. REGULAR MAIL**

**MORGAN, LEWIS & BOCKIUS LLP  
MS. KENDRA BAISINGER  
1701 MARKET STREET  
PHILADELPHIA , PA 19103-2921**